

PROGRESS NOTES

Medical Staff

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The Annual Meeting of the General Medical Staff will be held on **Monday, June 12, beginning at 6 p.m., in the Banko Center, Rooms 1 and 2, on the Muhlenberg Hospital Center campus.** All members of the Medical Staff are encouraged to attend.



From the President

"Managed care has suffered a public backlash, with complaints increasing across the nation from unhappy patients. The physician community despises the current system and is wrestling for control of clinical decision-making. A health care system that is disliked by the public and is despised by the physician community can never succeed. No health care system or reform is possible without willing or even enthusiastic physician participation because only they can control costs, quality of care, and consumer satisfaction. A successful health care system recognizes that only providers can control quality of care and costs – and will create appropriate incentives that allow physicians to do so without losing the public's trust."
N. Gleicher, M.D., The Physician Executive, p.38, March-April 2000.

Colleagues:

It is a difficult time for our Medical Staff as we remember two members of the staff who have died since I last wrote to you in this article. Dr. Frederick Fister died on March 24 at age 88 as the oldest continuous serving member of our medical staff. He devoted his entire professional career to the Allentown Hospital and later to the Lehigh Valley Hospital. Fred was the founding father of Lehigh Valley Home Care. He was also the founding physician in the Trexlertown Medical Group. Many of us remember calls from Fred when he was the director of Utilization Review encouraging us strongly, and often in colorful language, to document in the patient's medical record what we were doing for the patient in the hospital which could not have been done at home. Fred was committed to the residency education program at Lehigh Valley Hospital. He influenced many of the practicing physicians in this community as a teacher. Even during the later stages of Fred's life, he expressed a keen interest in the quality and health of the residency education program at LVH.

Dr. Joseph Gastinger died on April 3 after a three-year battle with ALS (amyotrophic lateral sclerosis) or Lou Gehrig's disease. Joe was a graduate of the Internal Medicine residency program at LVH and practiced as a general internist with Glenn Kratzer, David Carney, Jack Nuschke, and Judy McDonald prior to his forced retirement two years ago.

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Joe was an excellent, caring, compassionate physician who was respected by his colleagues and loved by his patients. The devotion and caring which Joe's wife Ann and his children provided for him during his long illness are a tribute to their love for him as a husband and father. Many of Joe's patients as well as members of our hospital family were supportive of him and his family during the long period of his illness. We will miss Joe's devotion to his patients and his support of the Medical Staff at the Lehigh Valley Hospital.



As physicians we are part of a "caring profession." We are members of the Medical Staff of Lehigh Valley Hospital, which is a caring organization with a mission of providing support and care for our patients and the community that it serves. We need to remember at all times that we should have as our primary focus the provision of caring and service to our community. If we keep this concept central to our daily activities, the stresses which we face in dealing with the hospital, managed care organizations, and our practices will be understandable and perhaps more tolerable.

You may ask, "If the purpose of the hospital is to provide care and service to our patients and community, why does the President of the Medical Staff continually bombard us with entreaties to reduce unnecessary testing, reduce the costs of care to our patients, and shorten the hospital inpatient length of stay?"

If we expect the hospital to be able to help us provide highest quality of care for our patients and community, the resources to invest in new programs, treatments, and technological equipment need to be available. The only way to provide for the resources in these times of managed care and reimbursement cutbacks is to practice the most "clinically efficient" care for our patients. This includes eliminating unnecessary testing and procedures, using the most effective lowest cost medications, and reducing our inpatient length of stay to the lowest safe level. The overwhelming majority of the nation's health care institutions are facing the same financial pressures that I have addressed in this article over the past few months. Changes in the current climate will require a seed change in the governmental approach to the reimbursement of health care.

The members of Troika recently attended a national meeting sponsored by the Estes Park Institute where we heard many of the above issues discussed in detail. The good news is that we are not alone in our concerns about the financial viability of our health care system. All of the health care institutions represented there by medical staff officers, hospital

administrators, and members of the boards of trustees, expressed the same concerns and are feeling the same financial pressures.

We are involved in a health care system both locally and nationally with limited resources. We physicians are being asked to participate in the "rationing" of health care resources. Historically as physicians, our role has been to be the advocate for our individual patients and to see that they get the best and most appropriate care for their individual medical and surgical problems. We are now being asked to participate in the arena of medical management for populations and are being asked to relinquish some of our historical responsibility for helping our individual patients make decisions about their care. **This is wrong!** Society needs to make these rationing decisions with discussion by our elected governmental leaders. We need a national policy formulated with the input from the people using health care, representatives of industry, our elected governmental leaders, and members of the nation's health care leadership. Our government needs to provide a "floor" of health care insurance coverage for everyone in the USA. Citizens who want a higher level of coverage should have to contribute some of their own funds to purchase the level of care that meets their needs. A number of funding mechanisms have been proposed which deal with these issues. Medical Savings Accounts (MSA's) represent just one option.

There are still 45 million Americans without health care insurance coverage. Many of them are working, but are unable to either afford health care insurance or work for businesses which cannot afford to provide health care insurance for their employees and their families. My vision of developing a volunteer clinic to provide care for some of these uninsured working members of our community was dealt a severe blow recently when an amendment was attached to a bill in the PA State Legislature by the trial lawyers association. This amendment protects "every American's right to sue" and prohibits retired physicians from volunteering their services without having the benefit of malpractice insurance funded by the CAT fund at \$3,200.00/year. Ed Mullin and I continue to investigate the concept of a volunteer clinic, and I appreciate the many individuals who have contacted me to offer their help and service.

E-MAIL

Once again, I'd like to encourage all members of the Medical Staff to read their email regularly or to designate a staff member to be your appointed "surrogate", who can read and print out your email messages for you on a daily basis. If you or your staff need help in assigning a "surrogate" please call Information Services at (610) 402-8303.

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As the result of a "retreat" held in mid-March, the agenda of the monthly Medical Executive Committee meetings has been reorganized. Hopefully, these changes will allow for more time for members of the Medical Executive Committee to discuss issues that are important to the rank and file members of the medical staff. Our first experiment with the new format at the April meeting appeared to be successful, and I believe that the members of Med Exec found the meeting stimulating and productive. Topics for future discussion were raised, and I plan to allow adequate time to discuss these in the next several months.

Sit, Answer and Touch!

Remember, when you are making hospital rounds to sit at your patient's bedside, ask for their questions, answer their questions, and make physical contact with the patient.

Steps are underway to proceed with the purchase and eventual implementation of a computerized physician order entry system that would integrate with the current PHAMIS patient information system. The installation and tailoring of this system will require considerable time and effort. Members of the medical staff who are interested in assisting with this endeavor will be needed before the final rollout can begin. Any physician interested in participating in this process is encouraged to call or e-mail me so that we can take advantage of your expertise. We will need a committed cadre of physicians who are willing to devote some time and effort so that this new system can be implemented successfully.

I hope the month of May is a good one for all of our staff. The June General Medical Staff meeting will be held at Muhlenberg Hospital Center in the Banko Building. Elections for new members of the Medical Executive Committee will be held at that meeting.

I would encourage all interested members of the Medical Staff to read Dr. Norbert Gleicher's article **The Consumer and Provider: Pillars of the New Health Care System** in the ***Physician Executive***, March-April 2000. The quote at the beginning of my article is from this provocative article. I'll be glad to provide copies of this article to anyone who is interested. Please call my Medical Staff office at (610) 402-8980 if you would like a copy.



David M. Caccese, MD
President, Medical Staff

A New Name for Muhlenberg Hospital Center

Pending final approval from LVHHN board of trustees on May 3, Muhlenberg Hospital Center becomes Lehigh Valley Hospital—Muhlenberg.

"The action to change the name of MHC is the next milestone in the exciting partnership that began with the merger of Muhlenberg Hospital Center and Lehigh Valley Hospital two and a half years ago," said Elliot J. Sussman, MD, president and CEO of LVHHN. "Since that time, plans for Muhlenberg that included new and enhanced services are all being realized, strengthening LVHHN and improving health care in our community."

"The merger of the medical staffs of MHC and LVH forged the most talented group of physicians in Eastern Pennsylvania," notes Robert Laskowski, MD, chief medical officer. "This strength results from the great individual talents of excellent doctors now working together to serve our community. The name change from MHC to Lehigh Valley Hospital—Muhlenberg reflects the reality of our coordinated approach to care."

Results of the original commitment to further enhance and develop services at Muhlenberg also include: the opening of the MHC Cancer Center, Breast Health Services and Express ER, groundbreaking for The Children's Hospital of Philadelphia Specialty Care Center and a new facility to consolidate network psychiatric services, the development of the region's most advanced in vitro fertilization laboratory, and enhanced capabilities and technology in cardiac and radiology services.

And there's more expansion in the works, including enhanced women's health services and programs, vascular and imaging services, and a new medical office building that will house physician practices and a medically-based fitness center.

"The MHC board enthusiastically endorses the name change," said Timothy J. McDonald, who serves as chairman of Muhlenberg's board of trustees and is also on the LVHHN board. "It clearly links MHC and LVH, and underscores the substantial commitment LVHHN has made to expand existing programs and develop new ones for the Bethlehem community."

Bethlehem residents have recognized this commitment. A recent survey documented their increased preference for LVH over the last three years. "Utilizing this information, the elements of the new name presents the best of both worlds," said Stu Paxton, senior vice president of operations at Muhlenberg. "It capitalizes on this community preference, while reflecting the important history and tradition of Muhlenberg."

At-Large Members Needed for Medical Executive Committee

The Lehigh Valley Hospital Medical Staff Nominating Committee is soliciting nominations for six at-large seats, each for a three-year term beginning July 1, 2000, on the Medical Executive Committee.

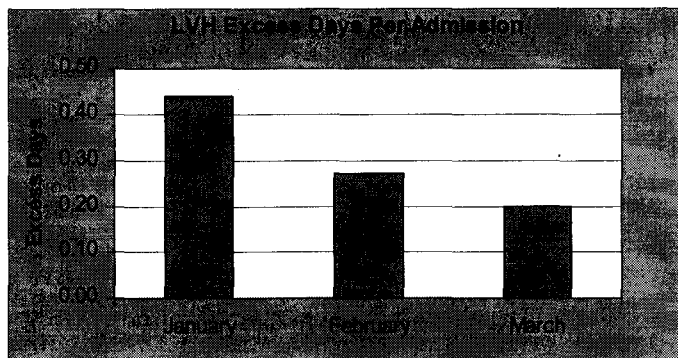
Nominations should be submitted in writing to Edward M. Mullin, Jr., MD, Chairman of the Nominating Committee, via the Medical Staff Services Office, Cedar Crest & I-78, or verbally to John W. Hart, Vice President. All nominations must be submitted by Friday, May 19, 2000.

If you have any questions regarding this issue, please contact Dr. Mullin or Mr. Hart at (610) 402-8980.

Length of Stay Update

Good news! Since we started our concerted efforts, we have decreased our excess days per admission each month!!

Excess days are the number of patient hospital days beyond the Medicare geometric mean length of stay (GMLOS). A GMLOS is a statistically adjusted value for all cases within a given DRG that is used to compute reimbursement.



Direct Admit Process Change

The process for calling in reservations for those patients requiring admission to the hospital directly from home or the physician's office (DIRECT ADMITS) for Lehigh Valley Hospital, Cedar Crest & I-78 and/or 17th & Chew will change. Beginning **Monday, April 3, 2000, please call the Bed Management Department at (610) 402-4508**. Patient demographic information with regard to name, sex, date of birth, social security number, admitting physician, family physician/primary care physician, referring physician, clinical and insurance information will still be **required**. Please include

the type of bed needed for admission (med-surg, med-surg telemetry, low-level monitor, or high level).

This change in process will allow the physician and office staff direct and timely communication with Bed Management and eliminate the need for Patient Access to transfer calls to Bed Management to determine bed availability. This change does not affect elective admissions to the hospital.

Again, the number to call for Direct Admits to Cedar Crest & I-78 or 17th & Chew is (610) 402-4508.

If you have any questions or problems, please contact one of the following individuals:

- Lisa Romano, Manager of Bed Management, (610) 402-5150
- Lisa Coleman, Director Support Services/Scheduling, (610) 402-8066
- Mark Holtz, Vice President of Operations, (484) 884-4554

Chairs of Surgery and OB-GYN Resume Duties

Effective April 2, **Herbert C. Hoover, Jr., MD**, resumed his duties as Chairperson of the Department of Surgery. **Michael D. Pasquale, MD**, is to be commended for his outstanding efforts as Acting Chairperson of the Department during the past nine months. Dr. Pasquale will continue to assist the Department of Surgery in the areas of Care Management and Quality Assurance and will serve as Vice Chair of the Department, in addition to serving as Chief of the Division of Trauma-Surgical Critical Care. In addition, Dr. Pasquale will serve as Chair of the Department in Dr. Hoover's absence.

On April 10, **Stephen K. Klasko, MD**, returned to his position as Chairperson of the Department of Obstetrics and Gynecology. A big "Thank You" to Vincent R. Lucente, MD, for his service as interim chair, and to members of the entire department for their efforts during Dr. Klasko's leave of absence.

Welcome back, Dr. Hoover and Dr. Klasko!

News from the Health Information Department

Document Imaging

The document imaging electronic signature project will be delayed due to two issues that were identified in the Emergency Department electronic signature pilot.

1. *System Error occurs while electronically signing reports.* Although physicians piloting the electronic signature are able to sign through this error, this must be corrected before rolling out to the users.
2. *Inconsistent Response Time.* Response time issues have been reported and monitored during system usage.

HBOC, the system vendor, is aware of the problems and is working with Lehigh Valley Hospital to correct them in order to continue to roll out the product to end-users.

Electronic Signature Pilot

The HIM Department solicited some initial impressions/comments from the Emergency Department physicians regarding the electronic pilot to give you some idea of what the near future holds for you:

"My initial impression of E-Signature is that I like it very much. Thank you for spending the time for orienting me."

- Jerome C. Deutsch, DO

"Many thanks for your efforts to train all of us to use the system. Sometimes computers really don't change efficiency. However, in this case, I believe they have greatly expedited the completion of medical records. Speedy chart completion helps prevent malpractice and billing problems. I hope the rest of the medical staff gets to enjoy this benefit soon. I look forward to the day when any physician affiliated with LVHN can access scanned records, dictated records, and complete their charts from their private office. This would set a new standard for continuity of care." - William F. Bond, MD

"The system is awesome! It is the coolest thing since the Internet. I'm looking forward to the time we can edit mistakes on transcriptions electronically. Thank you for giving us the opportunity to use this wonderful system."

- Charles C. WorriLOW, MD

"The IMNET system as a whole is outstanding. The chart signature aspect is convenient, allowing me to sign charts at just about any computer terminal in the network."

- David M. Richardson, MD

"I have found the IMNET documenting system to be very physician friendly. Instant accessibility to your records that need signing as well as ability to see Smart Charts immediately (not available via Phamis) instead of having to wait for them to be faxed from Medical

Records has been invaluable. It would be more valuable to print the records we are retrieving and edit records on line that have errors (with time and date stamp)." - Marna R. Greenberg, DO

The system upgrade and implementation at MHC in early 2001 will allow physicians to annotate corrections on reports, automatically affixing dates and times.

Stay tuned for updates on system implementation. Staff is currently available in the HIM Department at Lehigh Valley Hospital, Cedar Crest & I-78 and 17th & Chew to train physicians to review records on line.

Centralized Transcription Services

STAT LINE – Over the last month, the STAT line has been used inappropriately with reports dictated on the line which are not STAT reports, creating a negative effect on overall transcription turnaround time. Effective immediately, the only reports that will be typed from the STAT line are:

1. Surgical History and Physicals (must include surgery/admission date at beginning of report)
2. Transfer Discharge Summaries (must specify at beginning of report that this is a transfer summary and where copies are to be sent)

All other reports dictated on the STAT line will be routed to the appropriate work type and typed in date order. Diagnostic results, H&Ps and Consults are given first priority for transcription

DICTATION TIPS – The following information will be helpful in expediting turnaround time on medical reports:

1. Use the STAT line for STAT reports only
2. Provide accurate information as listed below:
 - A. Dictator's name, including MD, DO, etc.
 - B. Patient's full name, medical record number, and worktype
 - C. Date of birth
 - D. Pertinent Dates (admission, discharge, consultation, procedure, etc.)
3. Speak clearly and distinctly, spelling new medications/techniques
4. Limit dictation reports to no more than two pages. Lengthy reports affect the turnaround time for all transcription

If you have any questions regarding these issues, please contact Zelda Greene, Director, Health Information Management, at (610) 402-8330.

West Nile Virus Alert

The Pennsylvania Department of Health (PA DOH) and the Department of Environmental Protection, along with other state agencies and local governments, have developed a proactive laboratory-based surveillance and prevention and control program to limit the impact of the West Nile virus (WNV) in the Commonwealth. Pennsylvania's program has three parts -- education and outreach, surveillance, and, if the surveillance program determines there is a risk, the control of mosquitoes.

Clinical Criteria: Arboviral infection, including West Nile virus, may result in a febrile illness of variable severity associated with neurologic symptoms ranging from headache to meningitis or encephalitis. Arboviral encephalitis cannot be distinguished clinically from other central nervous system (CNS) infections.

Signs and Symptoms include:

- Headache
- Fever
- Confusion or other alteration in sensorium
- Meningismus
- Nausea and vomiting
- Cranial nerve palsies
- Paresis or paralysis
- Convulsions
- Sensory deficits
- Abnormal movements
- Altered reflexes
- Coma of varying degrees
- Rash

To Diagnose West Nile Fever

- | | |
|----------|---|
| 1) Blood | 1 red top tube (10 ml)
Send for West Nile Virus Encephalitis (WNV) antibody testing (collected less than 8 days after onset of symptoms). |
| 2) CSF | 5 ml spinal fluid
Send for West Nile Virus Encephalitis (WNV) antibody testing. |

Note: Spinal fluid for West Nile virus should also be sent for viral culture, bacterial culture, and glucose/cell count/protein/lactate level, since WNV mimics other more common causes of meningitis or encephalitis.

Estimated turnaround time for results:

Blood	<u>3 - 5</u> days
CSF	<u>3 - 5</u> days

Occurrence: Late summer or early fall.

Reservoir: Primarily birds.

Transmission: Mosquito.

Information: A Pennsylvania Department of Health website containing basic information about West Nile Encephalitis is worth visiting at www.WestNile.state.pa.us. The website has been established to provide the clinician and the public with background information and regular updates. There is also a **Citizen Fact Sheet** that may prove useful for distribution in your offices for patient inquiries on the virus and methods of prevention. The fact sheet is available by contacting the Infection Control Department at (610) 402-0680 or on the web site listed above.

Prevention: Reduce the number of mosquitoes through various measures intended to limit breeding ground for mosquitoes. Older individuals are to be cautioned to protect themselves with appropriate clothing and repellents when venturing into areas with high mosquito populations such as salt marshes or wooded areas.

If you have any questions regarding this issue, please contact Terry Burger, Manager, Infection Control, at (610) 402-0685.

Advance Directives

To meet the requirements of JCAHO Standards, the hospital's process for Advance Directives has been more clearly defined. The policy states:

"If the patient has an advance directive but cannot give the hospital a copy of it within 24 hours, the patient will be offered the opportunity to complete another document. If the patient does not want to complete another Living Will, they will be told to discuss their medical treatment wishes with their physician so their wishes can be documented on the medical record."

If you have any questions, please call Nancy Stevens, Patient Representative, at (610) 402-8222.

Ultrasound Department Relocates

On April 5, the Ultrasound Department at Cedar Crest & I-78 relocated to the main Radiology Department adjacent to CT scan on the second floor of the hospital. To schedule an ultrasound, please call (610) 402-8080. For information and inquiries, please call (610) 402-5232 or (610) 402-7867.

Community Acquired Pneumonia

Lehigh Valley Hospital has agreed to participate in the national KePRO project **Community Acquired Pneumonia (CAP)**. This project uses the following set of quality indicators developed by the Health Care Financing Administration (HCFA) in consultation with content area experts:

1. Increase the number of inpatients who receive the initial antibiotic dose within 8 hours of hospital arrival.
2. Increase the use of initial antibiotic therapy consistent with current guidelines.
3. Increase the population of inpatients who have blood cultures collected before antibiotic administration.

4. Increase the number of inpatients with pneumonia who are screened for and/or given influenza and pneumococcal vaccinations.

What can **YOU** do to help improve the outcomes of our pneumonia inpatients?

- KePRO Collaboration Newsletter (3/6/00) reports that the **use of standing pre-printed orders** has shown up to a 69% improvement in some aspects of the quality of care. Although the numbers are too small to draw conclusions, initial data collection on LVH pneumonia inpatients for January, 2000 lends support to this statement as demonstrated below:

N = 95	Target	Pre-Printed Orders	Pre-Printed Orders
Usage	75%	7%	93%
Average LOS	5.0	4.4	5.6
Avg. Var. Cost/Case	\$1,900	\$1,663	\$2,108
% of Patients with Blood Cultures Drawn before Antibiotic Administration		86%	73%
% of Patients with Antibiotic Started Within ____ hrs of hospital arrival:			
3 hours	80%	29%	17%
5 hours		86%	47%
8 hours		86%	70%

After reviewing our initial data, the Pneumonia Team is implementing adjustments to the Adult Community Acquired Pneumonia Admission Orders. This should improve our outcomes for the patients with pre-printed orders by improving the timeliness of interventions. Blood cultures and initial antibiotic dose will now be ordered "STAT". We will also be adding a prompt to consider ordering the influenza and pneumococcal vaccine prior to discharge.

- Please remember to order the initial dose of antibiotic and blood cultures STAT in all pneumonia patients. Blood cultures should be obtained prior to administration of antibiotics if possible. Our chart review revealed that simply ordering antibiotics q 8 hrs, q 24 hrs, or q day was frequently associated with a delay of more than 4 hours between time of antibiotic order and time of administration.
- Consider administering the pneumococcal and/or influenza vaccine prior to hospital discharge in the

clinically stable patient. The CDC recommends the pneumococcal vaccine for patients over age 65 and for those with chronic medical conditions. When unsure of vaccination status, the CDC recommends administering one dose of vaccine.

Over the past several years, LVH has demonstrated many improvements in the quality of care given to our pneumonia inpatients. We need to continue with this trend by remaining current in our practice patterns. Please consider using the CAP pre-printed orders that are available in the Emergency Department and on all inpatient units.

If you have any questions, please contact Jay H. Kaufman, MD, LVH Physician Leader, KePRO Pneumonia Project, at Beeper (610) 920-7221, or Marlene Ritter, BS, RRT, at (610) 402-1707.

Wound Care Center® at Muhlenberg Hospital Center – Management of Wounds: Wound Repair, Growth Factors and Engineered Tissues

For decades, clinicians have known that acute wounds respond to treatment in a different way than chronic wounds. Chronic wounds have been variably defined. A common definition is a wound that shows little improvement with four weeks of treatment or does not close in eight. Surprisingly little research has been completed to define the physiological, pathological, and metabolic differences between acute and chronic wounds.

It is known that the center of a chronic wound contains macrophages and neutrophils while the border of the wound contains many fibroblasts. It is also known that the cellular activity of young chronic wounds is biochemically different than that of old chronic wounds. This has been noted in recent clinical studies submitted to the FDA for clearance of drug products. Regranex® and Apligraf® data clearly show that an old chronic wound is biochemically quite different than a young chronic wound. In fact, the effect of these therapies differs in patient populations segmented according to the duration of the ulcer.

It is also known that it is difficult to create a wound environment in animals, which mimics the development and environment of human chronic wounds. Issues such as infection control and off-loading are not considered in animals. It is not surprising, therefore, that the study of wound healing using diabetic rats and mice does not provide persuasive data, nor is this data in agreement with human experience. Thus, the use of animal models that have been used to provide information regarding the value of potential therapeutic products is questionable.

While understanding the mechanisms of chronic wound evolution and repair is still a work in progress, the Wound Care Center is offering a recently published monograph of the most current developments in growth factors and living skin replacements available for chronic wound healing.

To receive your free monograph or to refer a patient with a chronic non-healing wound, please contact Peg Cowden, Program Director, at (484) 884-2989.

On April 10, notification was mailed regarding the annual assessment due for 2000 for continued membership in the Greater Lehigh Valley Independent Practice Association, Inc. Each physician member is responsible for one annual assessment of \$250.00, which is due no later than May 10, 2000. If you have any questions, please contact Eileen Hildenbrandt, Coordinator, Lehigh Valley Independent Practice Association, Inc., at (610) 402-7423.

*In celebration of Nurses Week,
the Medical Staff of
Lehigh Valley Hospital / Muhlenberg Hospital Center
is cordially invited to the
Gala Celebration of Nursing
honoring our staff
and the
Friends of Nursing award winners and donors*

**Thursday, May 18, 2000
Zoellner Arts Center, Lehigh University
Bethlehem, Pennsylvania**

**5:30 p.m. - Reception
7 p.m. - Friends of Nursing Awards Presentation**

RSVP by calling Kim Hitchings, RN at (610) 402-1704

2000 Spirit of Women Health Care Provider Award

Do you know a special woman from Lehigh Valley Hospital and Health Network who has made a significant contribution to our community? She could be a nurse, a technician, a doctor -- any provider who you feel has been an exceptional health advocate and has touched the lives of others. By the very nature of their work, health care providers have qualities that set them apart from most other people -- but some shine brighter than others do. She is an unsung heroine -- she doesn't look for recognition although she certainly deserves it!

If so, nominate her for the 2000 Spirit of Women Health Care Provider award.

The Lehigh Valley Hospital Health Care Provider winner will be honored at the Spirit of Women 2000 Mentoring Conference on October 10 at the Zoellner Arts Center, Lehigh University, along with the two community recipients.

A national event organized by the Spirit of Women Foundation, a non-profit entity devoted to advocacy in women's health will be held in Scottsdale, Arizona, in spring of 2001 to honor Spirit of Women winners.

To nominate someone from any of the three categories, please call (610) 402-CARE for a nomination form. The form, along with two letters of recommendation, needs to be submitted by **June 20, 2000.**

We look forward to receiving your nominations and to meeting the many significant women, who make the Lehigh Valley a special place to work, live and enjoy.

Good Shepherd Specialty Hospital-Allentown: Now Come The Challenges...

The Good Shepherd Specialty Hospital-Allentown (GSSH-A) now has more than three months of operations experience with an average daily census of six patients. Beverly Snyder was recently appointed as Assistant Administrator/Director of Nursing. She is familiar to many of you as one of the respected leaders in the Lehigh Valley Hospital Nursing Department, and more recently as Assistant for Regulatory Affairs. The acuity of the patients being accepted is expected to rise as the Pulmonary/Ventilator Program is developed. Extensive staff recruitment and training strategies are in place to assure you that the level of nursing and therapy support is adequate to meet the needs of your patients.

As one would expect, based on the progress we have made, some challenges are emerging. It is important to share them with you so that your expectations of the GSSH-A will be met. Some of the significant challenges that may impact on your practice are as follows:

- Many physician groups have now had some experience attending patients in the GSSH-A. Feedback and suggestions are very much appreciated. It is important to remember, however, that reimbursement for patients in the GSSH-A is limited. In order to be sure each patient's needs are met, careful planning and order writing must follow. It appears that as time goes on, it may be easier to accomplish this within our cost constraints, if a "core" of physician providers attends the majority of patients. Now that you have some experience under your belts, those of you who choose to attend your own patients are encouraged to continue to do so. Also, please contact one of the individuals listed below if you are interested in becoming part of the "core" of attending physicians.
- Since most of the time patients are stable, consults are not as crucial as in the critical care units. This is a bit of a deviation from the usual familiar Lehigh Valley Hospital practice. In addition, *since there is no pressure to reduce length of stay*, unlike in the traditional acute care hospital, there is no rush to perform diagnostic tests and procedures, unless, of course, the patient's condition dictates. Obviously, this practice is quite different from what is going on just down the hall. Over time, a core of physicians familiar with this type of practice will be helpful. For now, try to remember that careful thought is needed before ordering any consults or tests. It is also recommended that you take advantage of the "Non-urgent consult" meaning that the consultant makes recommendations only and does not write the orders; the attending writes the orders, as needed.
- Preliminary Performance Improvement chart reviews reveal that physicians are not always documenting the justification for ordering labs and x-rays. The use of "stickers" and other types of visual reminders are being explored to help you to remember to document in the orders the reason for the lab or x-ray. In an effort to maintain an order of consistency, the use of all forms, reminders, etc., will be in the same format as Lehigh Valley Hospital in order to assist you with this requirement.

Your patience during the start-up phase of the GSSH-A is very much appreciated. Your continued support and feedback is essential to each step taken toward increasing patient acuity and eventually opening all 32 beds.

For questions, suggestions, or concerns, please contact any of the following individuals:

- Stephen C. Matchett, MD, Medical Director, (610) 439-8856 or pager (610) 920-7225
- Jane Dorval, MD, President, Medical Staff, (610) 776-3340 or pager (610) 830-2793
- Beverly Snyder, Director of Nursing, (610) 402-8599
- Joseph Pitingolo, Administrator, (610) 402-8559 or pager (610) 830-4023
- Linda Dean, Administrative Consultant, (610) 402-8963 or pager (610) 830-3110
- Nancy Hardick, Medical Staff Affairs, (610) 402-8962

Congratulations!

On April 13, the following members of the Medical Staff were inducted as Fellows by the American College of Physicians/American Society of Internal Medicine. From the Division of General Internal Medicine: **Thomas G. Brandecker, MD; David M. Caccese, MD; Michael R. Goldner, DO; Charles A. Gordon, MD; Mark A. Kender, MD; Robert J. Laskowski, MD; James T. McNelis, DO; John D. Nuschke, MD; and Charles D. Peters, MD.** From the Department of Emergency Medicine: **Stephen P. Fooskas, MD, and James G. McHugh, MD.**

Thomas D. Meade, MD, Division of Orthopedic Surgery, Section of Ortho Trauma, recently competed at the U.S. Masters Swimming Zone Championships held at Rutgers University and took home a First and Second place in the butterfly style event.

Additionally, he was notified of his 1999 "Top Ten" standing for U.S. Masters Swimming in the 50 meter freestyle category.

Carmine J. Pellosie, DO, Chief, Division of Occupational Medicine, recently qualified as a certified Medical Review Officer by the Medical Review Officer Certification Council.

Papers, Publications and Presentations

George A. Arangio, MD, Associate Chief, Division of Orthopedic Surgery, co-authored a paper, "Subtalar Pronation--Relationship to the Medial Longitudinal Arch Loading in the Normal Foot," which appeared in the March issue of *Foot & Ankle International*.

Wayne Dubov, MD, Division of Physical Medicine/Rehabilitation, presented his paper, "Pamidronate Disodium Prevents Heterotopic Ossification in Patients with Major Burns," at the American Burn Association conference held March 16 to 18 in Las Vegas, Nev. **Juliet Fischer, MSN, RN, CCRN**, Trauma Nurse Coordinator, was a co-author.

Mark A. Gittleman, MD, Division of General Surgery, presented a Stereotactic Breast Biopsy Seminar at Midway Medical Center in Menasha, Wis., on March 7. He also presented "Breast Imaging and Intervention, Stereotactic and Ultrasound" on March 29 and 30 at a hospital in Reno, Nev.

Geoffrey G. Hallock, MD, Associate Chief, Division of Plastic & Reconstructive Surgery, wrote "The Hemideltoideus Muscle Flap," which was published in the *Annals of Plastic Surgery*.

Herbert C. Hoover, Jr., MD, Chairperson, Department of Surgery, co-authored the paper, "Adjuvant Active Specific Immunotherapy for Stage II and III Colon Cancer with an Autologous Tumor Cell Vaccine: Eastern Cooperative Oncology Group Study E5283," which appeared in the January issue of *Journal of Clinical Oncology*.

Peter A. Keblish, Jr., MD, Division of Orthopedic Surgery, Section of Ortho Trauma, was the author of a scientific exhibit and co-author of a scientific poster at the American Academy of Orthopaedic Surgeons meeting in Orlando, Fla. The scientific exhibit was titled "Tibial Axis as a Determinant of Femoral Rotation Alignment in Total Knee Arthroplasty." Carol Varma of the Biomedical Photography Department provided exhibit illustrations. The poster exhibit was titled "An In vivo Determination of Patellofemoral Kinematics."

Indru T. Khubchandani, MD, Division of Colon and Rectal Surgery; **John J. Stasik, MD**, Chief, Division of Colon and Rectal Surgery; **Lester Rosen, MD**, Associate Chief, Division of Colon and Rectal Surgery; and **Robert D. Riether, MD**, Director, Colon and Rectal Residency Program, co-authored the paper, "Neoplasia After Ureterosigmoidostomy," which was published in *Diseases of the Colon & Rectum*.

"Solitary Neurofibroma of the Anal Canal," a paper co-authored by **Linda Lapos, MD**, Division of Colon and Rectal Surgery, was published in the January issue of *Diseases of the Colon & Rectum*.

Gary G. Nicholas, MD, Chief, Division of Vascular Surgery; **Mehrzad Bozorgnia, MD**, General Surgery Resident; and **James F. Reed III, PhD**, Senior Scientist/Biostatistician, Department of Community Health and Health Studies, co-authored the paper, "Infrainguinal Bypass in Patients with End-stage Renal Disease: Survival and Ambulation," which appeared in the March/April issue of *Vascular Surgery*.

Dr. Nicholas, along with General Surgery Residents **William Bromberg, MD**, **Robert Howard, MD**, and **Randolph Wojcik, MD**, co-authored "Thromboembolism," which was published in the November/December issue of *Current Surgery*.

Michael D. Pasquale, MD, Vice Chairperson, Department of Surgery, and Chief, Division of Trauma-Surgical Critical Care, presented his paper, "Outcome Analysis of Pennsylvania Trauma Centers: Factors Predictive of Nonsurvival in Seriously Injured Patients," at the annual Eastern Association for the Surgery of Trauma conference held January 12 to 15 in Sanibel, Fla. At the conference, Dr. Pasquale was also a panelist at the January 14 Breakfast Session titled, "Beyond Guideline Development: Implementing and Utilizing Clinical Management Guidelines to Control Cost."

In addition, Dr. Pasquale co-authored "Practice Management Guidelines for Prophylactic Antibiotic Use in Penetrating Abdominal Trauma" and "Practice Management Guidelines for Prophylactic Antibiotic Use in Tube Thoracostomy for Traumatic Hemopneumothorax" which will be published as part of an ongoing practice management guidelines series in the *Journal of Trauma*.

John G. Pearce, MD, Chief, Section of Mammography, was a member of the faculty at the April 2000 Atlantic Breast Health Conference held in New Brunswick, Canada. At the conference, Dr. Pearce presented "From Mammography to Tissue Sampling -- The Diagnostic Work-up, Modern Imaging Techniques." He also presented a technology seminar on mammography positioning, pathology correlation, and the pathophysiology of breast disease.

"Usefulness of a State-Legislated, Comparative Database to Evaluate Quality in Colorectal Surgery" was co-authored by **Lester Rosen, MD**; **Susan Lawrence, MS**, Administrator, Case Management; **Douglas Helfrich, MBA**, Senior Management Engineer; and **James F. Reed III, PhD**. The article appeared in the November 1999 issue of *Diseases of the Colon & Rectum*.

Howard S. Selden, DDS, Division of Endodontics, authored a paper, "A Suspected Periradicular Scar: Treat or Not," which was published in the March issue of the *Journal of Endodontics*.

(Continued from Page 10)

Randolph Wojcik, MD, General Surgery Resident, presented his paper, "Long Term Follow-up of Trauma Patients with a Vena Cava Filter," at the Society of Critical Care Medicine Symposium held February 12 in Orlando, Fla. Co-authors of the paper include **Mark D. Cipolle, MD, PhD**, Chief, Section of Trauma Research; **Ivy Fearen, BS, PA-C**, Trauma Program Development; **James W. Jaffe, MD**, Chief, Section of Cardiovascular/Interventional Radiology; **James A. Newcomb, MD**, Chief, Section of Trauma/Emergency Medicine Radiology; and **Michael D. Pasquale, MD**.

Upcoming Seminars, Conferences and Meetings

Medical Grand Rounds

"The LOVAR Study: The First Year" will be presented by John E. Castaldo, MD, LOVAR Principal Investigator, along with members of the LOVAR Clinical Team on Tuesday, May 30, beginning at Noon in the hospital Auditorium at Lehigh Valley Hospital, Cedar Crest & I-78. The program will include a discussion on patient demographics and epidemiological data and LOVAR strategies/methods for risk factor reduction. Information on interim six-month results and success with risk factor modification on aggressive intervention arm versus control arm will also be presented.

Computer Based Training

Computer Based Training (CBT) programs are currently available for members of the hospital and medical staff through the Center for Educational Development and Support (CEDS).

The schedule of upcoming dates is as follows:

John & Dorothy Morgan Cancer Center - Suite 401

April 25 - Noon to 4 p.m.

May 2 - Noon to 4 p.m.

May 16 - 8 a.m. to Noon

May 23 - Noon to 4 p.m.

June 6 - 8 a.m. to Noon

June 27 - 8 a.m. to Noon

Muhlenberg Hospital Center - I/S Training Room

May 9 - 8 a.m. to Noon

June 13 - Noon to 4 p.m.

Twelve slots are available for each session.

To register for a slot, please contact Suzanne Rice through e-mail or by phone, (484) 884-2237, with the following information:

- The date of the session you wish to attend
- Your second choice in case your first choice is filled
- Your department
- A phone number where you can be reached in case the class is cancelled due to inclement weather

You will receive confirmation within two business days.

Coding Tip of the Month

Debridements - Due to a change in the documentation requirements for debridements, "sharp debridement" can no longer be coded to Excisional Debridement.

In order to code Excisional Debridement, the word "excisional" must be documented.

If you have any questions, please contact Darina Kutish, LVH Coding Team Leader, at (610) 402-2867, or Betty Dieter, MHC Coding Team Leader, at (484) 884-2319.

Who's New

Medical Staff Appointments

Barry H. Glassman, DMD

Allentown Pain Center

1329 Hamilton Street

Allentown, PA 18102-4328

(610) 435-6724

Fax: (610) 435-3482

Department of Dentistry

Division of General Dentistry

Site of Privileges - LVH & MHC

Provisional Active

Wendy J. Schillings, MD

LVPG-RE&I

Allentown Medical Center

401 N. 17th Street, Suite 312

Allentown, PA 18104-5104

(610) 402-9522

Fax: (610) 402-9649

Department of Obstetrics and Gynecology

Division of Gynecology

Section of Reproductive Endocrinology & Infertility

Site of Privileges - LVH & MHC

Provisional Active

Thomas E. Yablonski, MD
Drs. Cressman & Yablonski Associates
421 S. Best Avenue
Walnutport, PA 18088-1217
(610) 760-7044 • Fax: (610) 760-8587
Department of Family Practice
Site of Privileges - LVH & MHC
Provisional Affiliate

Status Changes

Joseph A. Miller, MD
Department of Obstetrics and Gynecology
Division of Primary Obstetrics and Gynecology
From Active to Honorary

Abul K. Mohamed-Ali, MD
Department of Medicine
Division of General Internal Medicine
From Provisional Associate to Affiliate
Site of Privileges - LVH & MHC

Practice Changes

T. A. Gopal, MD
(Now in Solo Practice)
Allentown Medical Center
401 N. 17th Street, Suite 301
Allentown, PA 18104-5051
(610) 402-9400 • Fax: (610) 433-0949

Joseph N. Greybush, MD
(Now in Solo Practice)
Allentown Medical Center
401 N. 17th Street, Suite 301
Allentown, PA 18104-5051
(610) 402-9400 • Fax: (610) 433-0949

Carl A. Lam, MD
(Now in Solo Practice)
Allentown Medical Center
401 N. 17th Street, Suite 301
Allentown, PA 18104-5051
(610) 402-9400 • Fax: (610) 433-0949

Ernest Y. Normington II, MD
(No longer associated with OBGYN Associates of the LV)
(Now in Solo Practice)
Allentown Medical Center
401 N. 17th Street, Suite 301
Allentown, PA 18104-5051
(610) 402-3670 • Fax: (610) 433-0949

Change of Address

Christopher G. Lynch, MD
451 Chew Street
Suite 103
Allentown, PA 18102-3412

Appointment to Medical Staff Leadership Positions

Richard J. Strobel, MD
Department of Medicine, Division of Pulmonary
Position: Director, Sleep Lab

Prodromos A. Ververeli, MD
Department of Surgery, Division of Orthopedic Surgery
Position: Chief, Division of Orthopedic Surgery

Leave of Absence

George A. Arangio, MD
Department of Surgery, Division of Orthopedic Surgery
Section of Ortho Trauma (Effective 7/1/2000 to 12/31/2000)

Resignations

James G. Cushman, MD
Department of Surgery
Division of Trauma-Surgical Critical Care/General Surgery

Kevin J. Farrell, MD
Department of Surgery, Division of Trauma-Surgical Critical
Care/General Surgery, Section of Burn

Allied Health Professionals

Appointments

Donna L. Brown
Physician Extender - Technical
(The Heart Care Group, PC - Joseph L. Neri, DO)
Site of Privileges - LVH & MHC

Leila N. Nassar
Physician Extender - Technical - Medical Assistant
(ABC Family Pediatricians - Scott M. Brenner, MD)
Site of Privileges - LVH & MHC

Jane Z. Pile, PhD
Associate Scientific - Psychologist
Site of Privileges - LVH & MHC

David K. Rath, PA-C
Physician Extender - Physician Assistant - PA-C
(NephrologyHypertension Assoc of LV - Robert W. Grunberg, MD)
Site of Privileges - LVH & MHC

Resignations

Michael J. Lucadamo
Physician Extender - Technical - Anesthesia Tech Assistant
(Allentown Anesthesia Associates Inc)
Site of Privileges - LVH & MHC

Beverly C. Woodward, RN
Physician Extender - Professional - RN
(ABC Family Pediatricians)
Site of Privileges - LVH & MHC

THE CENTER FOR EDUCATIONAL DEVELOPMENT AND SUPPORT

May, 2000

News from the Library

Library Hours

CC & I-78 Library - 8:30 a.m.-5:00 p.m.,
Mon.-Fri. (telephone: 610-402-8410)
17 & Chew Library - 9:30 a.m.-3:30 p.m.,
Mon.-Fri. (telephone: 610-402-2263)
MHC Library - 9:00 a.m.-1:00 p.m.,
Mon.-Fri. (telephone: 610-861-2237)

Computer-Based Training (CBT):

Computer Based Training (CBT) programs are available for LVHHN staff. Topics covered by the CBT programs include:

Access 2.0	Power-Point 4.0
Windows NT 4	Word 97
Excel 97	Access 97
PowerPoint 97	Lotus 1-2-3 Millennium
WordPerfect 8	E-mail GUI
PHAMIS LastWord Inquiry Only commands	

CBT programs replace the instructor-led classes previously held at Lehigh Valley Hospital. A proctor will be in the room with the learner while he/she takes the CBT, but the learner will control the pace and objectives of the learning.

Computer Based Training takes place in Suite 401 of the John & Dorothy Morgan Cancer Center (the computer training room) and in the Muhlenberg Hospital Center computer training room (off the front lobby). The schedule of upcoming dates is as follows:

CBT at LVH-CC Suite 401 J&DMCC

May 2 – noon – 4 p.m.
May 16 – 8 a.m. – noon
May 23 – noon – 4 p.m.
June 6 – 8 a.m. -- noon
June 27 – 8 a.m. – noon

CBT at MHC

May 9 – 8 a.m. – noon
June 13 – noon – 4 p.m.

Twelve slots are available for each session.

To register, please contact Suzanne Rice via e-mail or at 484-884-2237 with the following:

- ◇ date of session
- ◇ second date choice
- ◇ department
- ◇ phone number

You will receive an e-mail confirming your choice within two business days.

If you have any questions, please contact Craig Koller at 610-402-1427 or through e-mail.

Teleconferences

In celebration of National Nurses Week, the Center for Education is proud to present a live satellite teleconference...

PREVENTING NEEDLESTICK INJURIES: THE TIME IS NOW!

May 12, 2000 -- 1:30-3:30 PM

Offered at all three-hospital sites!
Anderson Wing Auditorium -- CC & I-78
School of Nursing Auditorium -- 17th & Chew
Banko Center Conference Room #1 -- MHC

While caring for others, healthcare professionals face the risk of needlestick injury every day -- exposing themselves to potentially lethal bloodborne pathogens like HIV and Hepatitis C. Yet, these injuries are preventable. This educational offering is an important part of the ANA's campaign to fight this silent epidemic. Young or old, just starting out or experienced, working in a rural or urban setting, all healthcare workers are at risk. Together, healthcare workers and nurses must protect themselves and others from the preventable risk of needlestick injuries, and the potentially life-threatening infections that may result.

TO REGISTER:

Please utilize the Bulletin Board entitled Forms_Nursing. Select the Continuing Education Registration Form, then right click and select "Use Form". Be sure to complete all areas and indicate which site you plan to attend. You may use the comments section to provide us with any additional information that may be useful. We will be unable to process incomplete registrations.

NOTE: Seating is limited. Advanced registration is required.

If you have any questions, please call the Center for Educational Development and Support at 402-1700.

Benefit from the hands-on experience of these national speakers:

June M. Fisher, MD -- Director of the Training for Development of the Innovative Control Technology (TDICT) Project Trauma Foundation, San Francisco, CA.

Gina Puliese, MS, RN -- Director of the Premier Safety Institute and member of the adjunct faculty at the University of Illinois School of Public Health, Division of Epidemiology and Biostatistics, and Associate Faculty at Rush University College of Nursing.

Katherine Twitchell, MS, RN, CS -- Occupational Health Nurse Practitioner at Brigham & Women's Hospital in Boston, MA.

Susan Wilburn, MPH, BSN, RN -- Senior Specialist, Occupational Safety and Health for the American Nurses Association.

MODERATOR: Ellen Ceppetelli, MS, RN, C -- Assistant Professor/Curriculum Developer at The University of Vermont Division of Continuing Education with a secondary appointment in the University's School of Nursing.

Plus featured interviews with:

Linda Rosenstock, MD, MPH -- Director of the National Institute for Occupational Safety and Health.

Mary Foley, MSN, RN -- President ANA (former Health and Safety Officer for Catholic Healthcare West).

Lynda Arnold, BSN, RN -- Founder of the National Campaign for Healthcare Worker Safety.

Janine Jagger, MPH, PhD -- Director, International Healthcare Worker Safety Center, University of Virginia.

Karen Daley, MPH, RN -- President, Massachusetts Nurses Association.

WHAT YOU WILL GAIN:

This teleconference is designed to educate nurses and others in the healthcare industry about the nature of the problem of needlestick injuries.

TOPICS INCLUDE:

The epidemiology of injuries and strategies for prevention
An update of federal governmental research and education
Regulatory efforts designed to assist in the implementation of effective exposure control programs
Criteria for evaluation and selection of safer needlestick devices

WHO WILL BENEFIT:

This teleconference has been designed by nurses, physicians, and occupational health experts for:

Nurses
Occupational health professionals
Risk managers
Quality improvement professionals
Safety officers
Infection control and hospital epidemiologists
Staff educators
Materials managers and researchers
Other individuals interested in reducing risk of sharps injuries among healthcare workers

AT THE END OF THIS TELECONFERENCE, PARTICIPANTS WILL BE PREPARED TO:

- Identify needlestick injury as a significant risk to healthcare workers
- Explore preventive solutions to this risk
- Evaluate patterns of needlestick injury in their institutions
- Compare these patterns with national benchmarks
- Develop a needlestick injury prevention program
- Articulate the CDC post exposure protocol(s)
- Describe the role of legislation in providing a safer environment
- Analyze the current status of needlestick legislation across the country
- Utilize systemic criteria to compare specific safer devices
- Apply criteria to measure the effectiveness of specific products
- Comply with the OSHA Bloodborne Pathogens Standard

ACCREDITATION STATEMENT:

ANA is accredited as a provider of continuing education in nursing by the American Nurses Credential Center's Commission on Accreditation. It is also provider approved by the California Board of Registered Nurses. Provider Number CEP 6178.

Participants who attend the teleconference and submit their completed American Nurses Association (ANA) Personal Verification Form and evaluation form(s) will earn 2.2 Contact Hours. The ANA Continuing Education Contact Hour and Attendance Certificate will be mailed to you within 21 days after receipt of your documentation. If you have any questions, please call Lora Phillips at 800-639-3188.

OSTEOPOROSIS: FOCUS ON FRACTURES**May 23, 2000 – 1:00-2:30 PM****VTC Room – CC & I-78**

A live 90 minute satellite broadcast entitled, "Osteoporosis: Focus on Fractures", will be shown at this facility live on Tuesday, May 23rd. Topics include: detection and diagnosis of osteoporosis, risk of fracture and fracture prevention, and bisphosphonate treatment. Continuing education credit is available for physicians, nurses and pharmacists. This broadcast is provided FREE OF CHARGE with the assistance of an unrestricted, educational grant from The Alliance for Better Bone Health (Proctor & Gamble Pharmaceuticals and Aventis Pharmaceuticals). This program is sponsored by Southern Medical Association and The Employee Education System. Southern Medical Association and The Employee Education System are accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.

PROGRAM AGENDA:

Introduction and Review of Objectives (5 mins.)

Dr. Ronald Hamdy

The Osteoporosis Challenge: Prevention, Detection and Diagnosis (20 mins.) Dr. Cheryl Lambing

Risk of Fracture and Fracture Prevention (20 mins.)

Dr. Stanley Cohen

Biphosphonate Treatment for Postmenopausal Osteoporosis (20 mins.) Dr. Nelson Watts

Interactive Questions and Discussion (25 mins.)

Faculty and Viewers

TO REGISTER:

Please utilize the Bulletin Board entitled Forms Nursing. Select the Continuing Education Registration Form, then right click and select "Use Form". You may use the comments section to provide us with any additional information that may be useful. We will be unable to process incomplete registrations.

NOTE: Seating is limited. Advanced registration is required.

If you have any questions, please call the Center for Educational Development and Support at 402-1700.

NEED/PURPOSE:

It is estimated that in the United States there are about 25 million people, mostly women, with osteoporosis and that every year osteoporosis contributes to about 1.3 million fractures. The cost of managing these fractures is calculated to exceed \$13 billion dollars annually.

In the health care environment in which we live today, it is imperative that health care professionals have the information necessary to properly treat the osteoporotic patient in a timely and cost effective manner.

This broadcast will address issues of osteoporosis plus review recent clinical trial data to assist health care professionals in designing appropriate care plans for their patients.

OBJECTIVE:

At the conclusion of this activity, participants should be able to:

- Apply methods used to diagnose and assess extent of osteoporosis
- Review guidelines for osteoporosis detection and evaluation
- Discuss preventative strategies for bone loss and the risk factors for the development of osteoporosis
- Identify patients at risk for fracture
- Explain lifestyle modifications required to prevent fracture
- Prescribe treatment options to prevent fracture
- Identify available compounds
- Assess current clinical trial data

TARGET AUDIENCE:

Physicians:	Allied Health Professionals:
General/Family Practitioners	Pharmacists
Gynecologists	Physician Assistants
Internists	Nurse Practitioners
Obstetricians	Nurses
Geriatricians	

FACULTY:

Program Chair and Moderator:

Ronald C. Hamdy, MD, FACP, FRCP -- Professor of Medicine, Director of Osteoporosis Center, James H. Quillen College of Medicine, East Tennessee State University and Associate Chief of Staff, Extended Care, Veterans Affairs Medical Center, Johnson City, TN.

Stanley B. Cohen, MD -- Director, Arthritis Division, Health South Rehabilitation; Director, Osteoporosis Center, Irving Healthcare System; Associate Director, Arthritis Division, St. Paul Medical Center, Dallas; and Clinical Associate Professor, Dept. of Internal Medicine, Southwestern Medical School, Dallas, TX.

Cheryl L. Lambing, MD, FAAFP -- Assistant Clinical Professor, Dept. of Family Medicine, University of California, Los Angeles; Faculty, Ventura County Medical Center Family Practice Residency Program and Co-Director Rheumatology Teaching Clinics, Ventura, CA.

Nelson B. Watts, MD -- Professor of Medicine, Emory University School of Medicine and Director, Osteoporosis and Bone Health Programs, The Emory Clinic, Atlanta, GA.

ACCREDITATION:

Physicians: The Southern Medical Association designates this educational activity for a maximum of 1.5 hours in Category 1 credit towards the AMA Physician's Recognition Award. Each physician should claim only those hours of credit that he/she actually spent in the educational activity. This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of the Southern Medical Association and the Employee Education System, Birmingham Center. The Southern Medical Association and the Employee Education System, Birmingham Center are accredited by the ACCME to sponsor continuing medical education for physicians.

Physician Assistants: The American Academy of Physician Assistants accepts AMA Category 1 CME credit for the PRA from organizations accredited by the ACCME.

Nurses: The Employee Education System designates this educational activity for 1.8 Contact Hours as determined by the American Nurses Credential Center's Commission on Accreditation.

Pharmacists: The Employee Education System, Birmingham Center is approved by the American Council on Pharmaceutical Education as a provider of continuing pharmaceutical education. This program is approved for 1.5 contact hours. Program #610-999-00-007-L04.

Any questions, concerns or comments on articles from CEDS, please contact Bonnie Schoeneberger 610-402-1210

Cedar Crest & I-78
P.O. Box 689
Allentown, PA 18105-1556

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Medical Staff Progress Notes
is published monthly to
inform the Medical Staff of
Lehigh Valley Hospital and
employees of important
issues concerning the
Medical Staffs.

Articles should be submitted
to Janet M. Seifert, Physician
Relations, Lehigh Valley
Hospital, Cedar Crest & I-78,
P.O. Box 689, Allentown, PA
18105-1556, by the 15th of
each month. If you have any
questions about the
newsletter, please call Mrs.
Seifert at (610) 402-8590.